



15750 U.S. PTO  
021204

Docket No. 17373CONCIPCONCIP (AP)

10/780441  
021204



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: ACHIM H. KRAUSS, et al.,

Examiner:

Serial No.: Pending

Group Art Unit:

Filed: Herewith

For: PROSTAGLANDIN D<sub>2</sub> ANTAGONIST

Irvine, California

**NON-PROVISIONAL PATENT APPLICATION TRANSMITTAL LETTER**

Mail Stop: Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir/Madam:

Enclosed herewith are the following documents:

- (x) Transmittal Letter – 3 pgs
- (x) Specification (28pages total) consisting of 37 Claims (6 pgs) Abstract (1 page)
- (x) Drawings (4 sheets)
- (x) Declaration/Power of Attorney
- (x) Assignment with Recordation Cover Sheet
- (x) Information Disclosure Statement with cited art
- (x) Return/postage paid Postcard
- (x) Express Mail Certificate No. EV193721218US

Dated: February 12, 2004

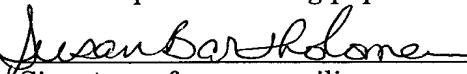
  
BRENT A. JOHNSON  
Registration No. 51,851

**CERTIFICATE OF EXPRESS MAIL UNDER 37 C.F.R. §1.10**

I hereby certify that the above-identified documents are being deposited with the United States Postal Service on **FEBRUARY 12, 2004** in an envelope as "Express Mail Post Office To Addressee" mailing label number **EV193721218US** with sufficient postage for Express Mail addressed to MS: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: February 12, 2004

Susan Bartholomew  
Name of person mailing paper

  
Signature of person mailing paper

## NEW APPLICATION TRANSMITTAL FORM

To the Commissioner for Patents:

This is a Request for filing a CONTINUATION IN PART NON-PROVISIONAL patent application under 37 CFR 1.53(b) entitled **PROSTAGLANDIN D<sub>2</sub> ANTAGONIST** by the following named inventor:

<b>1. FULL NAME OF INVENTOR:</b>			
First Name: <b>ACHIM</b>	Initial <b>H.</b>	Last Name <b>KRAUSS</b>	
City <b>FOOTHILL RANCH</b>	State or Foreign Country <b>CALIFORNIA</b>	Country Of Citizenship <b>GERMANY.</b>	
Post Office Address <b>10 TOULON AVENUE</b>	City <b>FOOTHILL RANCH</b>	State or Country <b>CALIFORNIA</b>	Zip Code <b>92610</b>
<b>2. FULL NAME OF INVENTOR:</b>			
First Name: <b>DAVID</b>	Initial	Last Name <b>WOODWARD</b>	
City <b>LAKE FOREST</b>	State or Foreign Country <b>CALIFORNIA</b>	Country of Citizenship <b>UNITED KINGDOM</b>	
Post Office Address <b>22736 ISLAMARE LANE</b>	City <b>LAKE FOREST</b>	State or Country <b>CALIFORNIA</b>	Zip Code <b>92630</b>
<b>3. FULL NAME OF INVENTOR:</b>			
First Name: <b>YARIV</b>	Initial	Last Name <b>DONDE</b>	
City <b>DANA POINT</b>	State or Foreign Country <b>CALIFORNIA</b>	Country of Citizenship <b>U.S.A.</b>	
Post Office Address <b>24386 ANTILLES WAY</b>	City <b>DANA POINT</b>	State or Country <b>CALIFORNIA</b>	Zip Code <b>92629</b>
<b>4. FULL NAME OF INVENTOR:</b>			
First Name: <b>ROBERT</b>	Initial <b>M.</b>	Last Name <b>BURK</b>	
City <b>LAGUNA BEACH</b>	State or Foreign Country <b>CALIFORNIA</b>	Country of Citizenship <b>U.S.A.</b>	
Post Office Address <b>1337 CERRITOS DRIVE</b>	City <b>LAGUNA BEACH</b>	State or Country <b>CALIFORNIA</b>	Zip Code <b>92651</b>

The Commissioner is hereby authorized to use Deposit Account Number 01-0885 for the payment of any extension fees incurred during the prosecution of this application.

Enclosed is a specification of 28 pages, 37 claims (6 pages) and an abstract (1 page).

## Oath or Declaration

- (X) Enclosed is a fully executed oath or declaration.
- ( ) Enclosed is an unsigned oath or declaration.
- (X) A self-addressed return postcard is enclosed for verification of receipt.
- (X) The filing fee is calculated below:

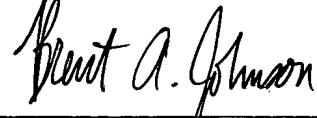
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEES
Basic Fee (Large entity)			\$770.00	\$770.00
Total Claims	38 minus 20	= -18-	\$18.00	\$324.00
Independent Claims	6 minus 3	= -3-	\$86.00	\$258.00
If application contains any multiple dependent claims, then add			\$290.00	\$.00
			<b>TOTAL FILING FEE</b>	<b>\$1,352.00</b>

- (X) The Commissioner is hereby authorized to charge the filing fee and excess claim fees (including multiple dependent claim fee) as stated above to Deposit Account No. 01-0885. If this amount is incorrect, or for payment of any other fees that may be incurred as a result of this communication please use said Deposit Account. A duplicate copy of this sheet is enclosed for that purpose.
- (X) An Assignment with the Recordation Cover Sheet, bestowing all interest in this application to Allergan, Inc., is enclosed.
- (X) New drawing(s) are enclosed 4 sheets.
- (X) The Power of Attorney in this application is to Brent A. Johnson, Registration Number 51,851.
- (X) The Power of Attorney appears in the Combined Declaration and Power of Attorney, filed herewith.

Please address all future communications to:

BRENT A. JOHNSON  
 Registration No. 51,851  
 ALLERGAN, INC.  
 2525 Dupont Drive, T2-7H  
 Irvine, CA 92612  
 Tel: 714-246-4348      Fax: 714-246-4249

Respectfully submitted,



Date: February 12, 2004

Brent A. Johnson  
 Registration No. 51,851  
 Patent Agent of Record